PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH		
istrict of	BUREAU OF VITAL	L STATISTICS	State Index No
own of	ORIGINAL CERTIFIC	ATE OF BIRTH	County Registrar No.
WR OL	÷		Local Registrar No. 45
Janden Ari	7 No		St. Ward
9	If birth occurred in a hospi	ital or institution, give	e its NAME instead of street and number) [If child is not yet named, make
Full name of child deonard	lo, Lupu		supplemental report, as directed.
Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or Gener 5. No., in order of birth		7. Date 01 birth 0202. 8 /92
FATHER	0 2 40 14.		MOTHER
Full name	Pu Pu	ll maiden name	equeia B. Lopes
Residence (Usual place of abode)	15.	Residence (Usual place of	1 18
If nonresident, give place and state	Imorned don _	If nonresident, give	place and state Fronteras Son
10. Color or race	birthday 4 9. (Years)	Color or race	17. Age at lastification 3.2. (Years)
			11
2. Birthplace (city or place) er au	len Chiz 18	Birthplace (city or	place) was
(State or edular) ((fila -	//State or countr	v) (alli
13. Occupation	19.	. Occupation	
Nature of industry Lake	w	Nature of industry	1 Lover fo
. Number of children of this mother) Born alive and now livin	21. Were	precautions taken ngainst oph- nia neonatorum?
aken as of time of birth of child herein	b) Born alive but now dead.	J	<u> Yes</u>
CERTIFICA	TE OF ATTENDING P	HYSICIAN OR MI	IDWIFE*
hereby certify that I attended the birth of	this child, who was	alive or stillborn.)	at
*When there was no attending physician midwife, then the father, householder, et	or Signature Am	1 - 14	errera
should make this return. A stillborn ch is one that neither breathes nor shows oth	er /	to red in 1	(Physician or midwife)
evidences of life after birth. iven name added from	Address	NIZ ~2	7570 mel
supplemental reportMonth, day, yea	•		Local Registrar.
	Filed 12	1.27	1000
Registrar.		•	County Registrar.

339-1108-839